AFN #2014001175 Recorded 07/21/2014 at 02:21 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

DIVISION OF CHILD SUPPORT PO Box 11520 Tacoma WA 98411-5520

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:			, also known as or	
doing business as:				
	SSN: <u>xxx-xx-573</u>	34	DOB: 03/26/1972	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		انک		
Assessor's Property Tax Parcel Account Number:				
Child support paym DSHS claims that t Support (DCS) files	he debtor named a	bove owes past-	ents and accrue to the due child support. The in SKAMANIA	e Division of Child
All real and personal property of the debtor named above except Tribal Trust property.				
Only the property described in the Legal Description section above.				
July 17, 2014 Date	\leftarrow_{I}	E WEST		1 -
		Authorized Represe DIVISION OF CHIL		
(206) 341-7000		E WEST	/ I	
Telephone Number		Person to Contact		
			0003441703006	2752240000000000000000000000000000000000
In reply, refer to:			0002441702006	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

2441702

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)

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